

Kids' Corner 420 Highland St. Williamston, MI 48895 (517) 655-4637

March 7, 2005

RE: Proposed Licensing Changes for Childcare Centers

Joint Committee of Representatives and Senators,

Thank you for your time in hearing our concerns regarding proposed licensing changes. Most of the changes are good and manageable. Attached are a few of the proposed changes to the current rules that will make it financially and programmatically impracticable to operate our center that is *Nationally Accredited by the National Association for the Education of Young Children (NAEYC)*.

Respectfully,

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RE: Proposed Child Care Center Licensing Rule Changes and how they will affect our center both financially and programmatically.

R400.5102a Annual Training requirements

Centers – 8 clock hours the first year following rule promulgation for all caregivers
12 clock in the second year for all caregivers
16 clock hours in the third year and each year thereafter for al caregivers

Family and Group Homes – 10 clock hours annually for the registrants/licensee 5 clock hours annually for assistant teachers

We agree training is essential for the professional development of all caregivers whether they are employed in a family or group home or a center.

Negative effects on our center:

Our center employs 31 teachers and assistants. CPR is generally 8.5 hours and First Aid Training is generally 4 hours. If training is required we **must** pay teachers.

*12.5 hours multiplied by 31teachers at an average of \$9.50 an hour equals - \$3,681.25

Plus requiring an additional 16 hours by the third year -

\$4,712.00

Total yearly average

\$8,393.25

*Childcare centers do not get any State aid so all costs would be passed on in the form of higher tuition rates.

R 400.5103a Establish the position of Lead Caregiver for each room

We agree that knowledge of each developmental age is important however this rule does not address the issue of experience. Two out of our six Lead Teachers in their current positions would loss their jobs under this rule, as it does not allow for the grandfathering of current long term, experienced teachers.

We suggest the rule read that all new hired Lead Teachers must meet the new qualifications. Most teachers in childcare do not make more money with more education and teachers with degrees will want to work as a director of a program where there is a chance to receive more money and benefits.

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R400.5105c Group size for infant/toddler children

Our toddler classroom is currently licensed for a maximum of 16 children based on current rules that require 50 square feet per child. We also meet the standard of one caregiver for every 4 children.

The suggestion to divide the room with shelves and partitions will make the room out of compliance with the fire safety rules. It will also affect play space and children being able to interact as a group.

Negative effects on our program:

A reduction in the group size will result in a loss of revenue for the center as well as four families must look for alternate care.

The proposed rule limits the group size to 12, which will lower the capacity of the number of toddlers we will be able to serve.

Our current weekly rate for a toddler is \$164.00. The income loss would be \$656.00 per week.

R400.5202 Primary Caregivers

While changing the rule to only two primary caregivers looks to be an ideal goal, in reality it is unreasonable in the day-to-day operation of a childcare center. To maintain ratios and cover for staff that may be absent it is necessary to use substitute caregivers when needed regardless of how many primary caregivers a child has had in a week.

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R400.5204 Bedding and Sleeping Equipment for infants/toddlers

- (9) Stacking cribs are prohibited
 - (a) Centers using stacking cribs prior to the effective date of these rules shall have two years from the effective date of these rules to comply.

The rational that stacking cribs limits the visual stimulation of infants is flawed since cribs (stacking, portable or free standing) should only be used for children to sleep in and nothing else. They should never be used as a place for play.

The rational that stacking cribs increase the spread of infectious disease is not based on fact. Clean hands and bleaching toys and surfaces will do more to prevent the spread of infectious disease than prohibiting stacking cribs.

Negative effects on our program:

- Our infant room is 480 square feet. We have no means to expand the room size or relocate because we are located a school building with no other larger rooms available.
- We are currently licensed to care for eight infants. The 2 units of stackable cribs that we have used for over 10 years take up only 25 square feet of space. These would have to be replaced with 8 freestanding cribs. The space that the freestanding cribs would occupy, combined with the required 2-foot space between each crib would leave only 120 square feet of infant play space. In this space we would also have to include our toy shelves, rocking chairs, infant seats and other play equipment.
- To replace the stacking cribs that we already use with freestanding cribs would be a tremendous burden on our program financially. To replace the eight cribs the cost would have to be passed on in the form of tuition increases.

 (\$399.88 x 8 = \$3199.04)

*We are currently the only licensed childcare center in the Williamston area to offer infant care.

The end result of this rule change would be the elimination of our infant program. We feel that it would compromise the quality of infant care now being provided in our nationally accredited center and the cost to maintain it would be prohibitive for parents.

We suggest that all programs that currently use stackable cribs be grandfathered and that this new rule prohibiting stackable cribs applies to all new facilities.